

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK**

**In the Matter of the Application of**

**PETITION FORM**

**To be Admitted to Practice as an Attorney in this Court.**

**To the Clerk of the United States Bankruptcy Court for the Western District of New York:**

\_\_\_\_\_, petitioner herein, respectfully states:

1. That petitioner resides at \_\_\_\_\_  
\_\_\_\_\_ and has an office for the practice of law at \_\_\_\_\_  
\_\_\_\_\_.

2. That petitioner was admitted to practice before the United States District Court for  
the Western District of New York on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

3. That petitioner has read and is familiar with:

- (a) the provisions of the Judicial Code 28 U.S.C. §1334, §§151 - 158, §§1408 - 1412, and §1452, which pertains to jurisdiction over and venue of bankruptcy cases, proceedings and matters;
- (b) the Bankruptcy Code, Title 11 U.S.C.;
- (c) the Rules of Bankruptcy Procedure; and
- (d) the Local Rules of Bankruptcy Practice for the Western District of New York.

**WHEREFORE**, your petitioner respectfully requests that (s)he be admitted as an attorney in the United States Bankruptcy Court for the Western District of New York.

\_\_\_\_\_, being duly sworn, deposes and says: that (s)he is the petitioner herein; that (s)he has read the foregoing petition; that the same is true to petitioner's own knowledge except as to the matters stated to be alleged on information and belief, and that as to those matters (s)he believes it to be true.

\_\_\_\_\_  
**Signature of Petitioner**

\_\_\_\_\_  
**Telephone Number**

Sworn to before me this \_\_\_\_ day  
of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
**Notary Public**

N:\ADMISSIO\ADMISSIO.FOR

AO 153 (Rev. 7/86) ①

NAME: (LAST, FIRST, MI)		SOCIAL SECURITY NO.
<p align="center"><b>OATH ON ADMISSION</b></p> <p>I, _____, DO SOLEMNLY SWEAR (OR AFFIRM) THAT AS AN ATTORNEY AND AS A COUNSELOR OF THIS COURT I WILL CONDUCT MYSELF UPRIGHTLY AND ACCORD- ING TO LAW, AND THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES.</p>		
DATE:	SIGNATURE:	

**COMPLETE REVERSE SIDE**

AO 153 (Rev. 7/86)

FIRM NAME		TEL. NO.
FIRM ADDRESS		
CITY	STATE	ZIP CODE
<p align="center"><b>BELOW FOR OFFICE USE ONLY</b></p>		
SWORN AND SUBSCRIBED BEFORE ME, (Clerk's Signature)		DATE
ADMITTED ON MOTION OF: (Movant)		